



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Military and
Veterans Affairs

Alaska Military Youth Academy

P.O. Box 5800
JBER, AK 99505-0800
Main: 907.428-7306
Fax: 907.384.6007

REQUEST FOR TRANSCRIPTS

TO: _____ (School Name)

_____ (Address or Fax#)

My child/ward, ☒ _____, date of birth: ☒ ____/____/____,
SSN (or student ID number) ☒ _____, is applying for admission to the Alaska Military
Youth Academy's next cycle scheduled to begin ☒ _____.

In order for Academy staff to be able to place him/her at the proper academic level, the Academy needs copies
of all his/her school medical, academic and counseling records, including but not limited to any Individual
Education Plan (IEP) used during his/her school grades 7-12.

Please send the requested copies to:
Alaska Military Youth Academy Registrar
PO Box 5727 JBER, AK 99505-0727
Fax: 907-384-6196

Thank You:

☒ _____
Signature of Parent/Legal Guardian/or applicant if 18

☒ _____
Date